



NOTIFICATION OF DEMOLITION



BUREAU OF AIR QUALITY • ASBESTOS SECTION • 2600 BULL STREET • COLUMBIA • SC • 29201

TYPE OF OPERATION: ☐ Total Demolition ☐ Partial Demolition ☐ Ordered Demolition

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| FOR OFFICE USE Postmark/Received: | Original/Revised/Cancellation (circle one) | Project License I. D. (For Revisions/Cancellations): |
|--------------------------------------|--|--|

I. FACILITY OWNER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (____) _____

II. IS ASBESTOS PRESENT IN THE FACILITY?: YES / NO (circle one)

III. DEMOLITION CONTRACTOR: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (____) _____

DHEC CONTRACTOR LICENSE NO. (If applicable): _____ EXPIRATION DATE: _____

REMOVAL CONTRACTOR (If applicable): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: (____) _____

IV. FACILITY NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ COUNTY: _____

SITE (ROOM, FLOOR, WING, UNIT, MACHINE, ETC.): _____

BUILDING SIZE: _____ NO. OF FLOORS: _____ AGE IN YEARS: _____

PRESENT USE: _____ PRIOR USE: _____ FUTURE USE: _____

V. PROCEDURES, INCLUDING ANALYTICAL METHOD IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

FACILITY OR FACILITY COMPONENT SURVEYED BY (INSPECTOR NAME): _____

COMPANY: _____ PHONE: (____) _____

DHEC LICENSE NUMBER: _____ EXPIRATION DATE: _____

VI. NON-FRIABLE CATEGORY I AND CATEGORY II ASBESTOS-CONTAINING MATERIALS **REMAINING IN PLACE DURING DEMOLITION (IF APPLICABLE)**:

| TYPE(FLOORING, ROOFING) | AMOUNT(SQUARE FEET) |
|-------------------------|---------------------|
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VII. SCHEDULED DATES OF DEMOLITION:

START DATE: _____ COMPLETION DATE: _____

WORK DAYS: _____ WORK HOURS: _____

| Notification of Asbestos Demolition (continued) | | | | | |
|--|--------|---------------|----------------------------------|------------|---------------------|
| VIII. DESCRIPTION OF PLANNED DEMOLITION METHOD(S) TO BE USED: | | | | | |
| BULLDOZER | LOADER | WRECKING BALL | MANUAL | BURNING | IMPLOSION/EXPLOSION |
| IF OTHER PLEASE DESCRIBE: | | | | | |
| IX. DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION SITE: | | | | | |
| X. WASTE TRANSPORTER #1: | | | | | |
| MAILING ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP: | |
| CONTACT PERSON: | | | | PHONE: () | |
| WASTE TRANSPORTER #2: | | | | | |
| MAILING ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP: | |
| CONTACT PERSON: | | | | PHONE: () | |
| XI. WASTE DISPOSAL SITE: | | | | | |
| ADDRESS: | | | | | |
| CITY: | | STATE: | | ZIP: | |
| CONTACT PERSON: | | | | PHONE: () | |
| XII. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: (PLEASE ATTACH A COPY OF THE ORDER) | | | | | |
| NAME: | | | TITLE: | | |
| AUTHORITY: | | | | | |
| DATE OF ORDER (MM/DD/YY): | | | DATE ORDERED TO BEGIN(MM/DD/YY): | | |
| XIII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER: | | | | | |
| XIV. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION INVOLVING RACM AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. | | | | | |
| (SIGNATURE OF OWNER/OPERATOR) | | | (DATE) | | |
| XV. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. | | | | | |
| (SIGNATURE OF OWNER/OPERATOR) | | | (DATE) | | |

****NOTIFICATIONS MUST BE MAILED. FACSIMILES WILL NOT BE ACCEPTED****